

Assessment of Katatagan Kalusugan Damayan SA Komunidad (KKDK) Program for Persons Deprived of Liberty (PDL) with Drug Related Cases: Basis for Program Enhancement

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ABSTRACT

This study investigated the efficacy of Katatagan Kalusugan Damayan sa Komunidad (KKDK) program given to Persons Deprived of Liberty (PDL) with drug-related cases in provincial jails. Guided by Cognitive Behavioral Theory, the study focused on determining the program's influence on PDL's psychological well-being, behavioral change, and reintegration preparation. Likewise, this study identified the strengths and gaps that may help correctional administrators and rehabilitation practitioners improve evidence-based rehabilitation programs. This study utilized the descriptive evaluative research design using quantitative approach in gathering and analyzing data from PDL beneficiaries of the KKDK program. Structured questionnaires were given to the respondents. Frequency, percentage, weighted mean, standard deviation, and t-test were employed to interpret findings. Results revealed that KKDK program is beneficial in promoting rehabilitation, behavioral improvement, emotional stability and reintegration preparedness. Although the study showed no significant differences between selected demographic variables such as age, sex, civil status, educational attainment and length of stay in jail, there is significant differences in terms of length of participation in KKDK program indicating that sustained involvement in this rehabilitation activities contribute to positive behavioral transformation. In conclusion, KKDK program is a beneficial rehabilitation intervention that contributes to reducing relapse and recidivism among PDL with drug-related cases through counseling, behavioral interventions, spiritual development, and emotional support. The study recommends strengthening the implementation of the program through continuous training of facilitators, expansion of livelihood and aftercare services, stronger coordination with stakeholders, regular program evaluation, and further studies on rehabilitation interventions in correctional institutions.

Keywords: Persons Deprived of Liberty, KKDK Program, Rehabilitation, Behavioral Change, Recidivism

INTRODUCTION

Substance abuse has been a major concern worldwide, and its consequences have been far-reaching. In the Philippines, drug-related offenses have been one of the major reasons for the increasing number of Persons Deprived of Liberty (PDL), which has created complex issues for the correctional and justice systems. This has, in turn, led to the need for rehabilitation and reintegration programs to address the behavioral and psychological concerns of drug-dependent individuals and prevent recidivisms.

According to Memorandum Circular of BJMP-DWD-MC-68 (2019), *Katatagan, Kalusugan, Damayan sa Komunidad* (KKDK) program is a psychoeducational modular drug intervention program developed by the Psychological Association of the Philippines (PAP) which is now becoming a mainstream program both in institution-based and out-patient and community-based drug rehabilitation. It was adopted by the Jail Bureau in 2018 following the successful program pilot testing in selected jails in the National Capital Region, Region 3, and Region 4-A by the first two batches of BJMP Personnel who underwent the KKDK Facilitators' Training. The KKDK program is composed of a total of twenty-four (24) modules, eighteen modules to be facilitated to the PDL in small group settings and six (6) Family modules for the family members of the PDL. The objectives of KKDK program are to educate the PDL and their respective families on the effects of illegal drug use in the

various aspects of personal and family life; teach positive coping skills to the PDL; improve effective communication skills among the PDL and their respective family members and prevent PDL from using illegal drugs for second time as a form of recidivism.

The KKDK Program aims to do the following: facilitate the early release of PDL who availed Plea Bargaining by providing drug counseling intervention ordered by the court; educate the PDL and respective family on the effects of illegal drug use in the various aspects of personal and family life; inculcate positive attitudes and healthy lifestyle to the PDL and their respective families; teach a positive coping skill to the PDL; enhance the problem solving and decision-making skills of PDL; and model effective communication skills among the PDL and their respective family members. (BJMP Memorandum Circular: Drug Counseling for PDL who availed Plea Bargaining 2019).

According to Soriano (2002) the program has been found to have a positive impact on the autonomy, environmental mastery, personal growth, and self-acceptance of PDL. Another study by Acosta et al., (2020) has found that a structured psychological intervention in correctional facilities has been effective in enhancing recovery skills, emotional resilience and life quality.

Moreover, Sarmiento (2024) observed that therapeutic community-based interventions, such as the KKDK program, have demonstrated potential in addressing risk factors related to recidivism. This type of intervention can promote a sense of discipline, accountability, and social integration skills among participants. Other studies by Baloloy et al., (2023) also supported this by highlighting the significance of a holistic rehabilitation program that can address addiction and mental health issues, especially among low risk drug offenders.

Aim

This study aimed to assess the effectiveness of KKDK Program in BJMP jail facility and to determine the suggestions of the respondents based on their experience during their participation in KKDK Program as one of the basis of enhancement.

Specifically, the study sought to answers the following questions:

1. How do the PDL respondents assess the Katatagan, Kalusugan, Damayan sa Komunidad (KKDK) program per specific activity such as Psychological First Aid/ Counseling Program, Skills Program, Peer Support Program and Therapeutic Activities Program in terms of the following components:

1.1 Objectives

1.2 Time of Execution

1.3 Budget

1.4 Materials

1.5 Facility

1.6 Facilitator

2. Are there significant differences on the assessment of the PDL when they are grouped according to:

2.1 Age

2.2 Gender

2.3 Civil Status

2.4 Length of stay in jail

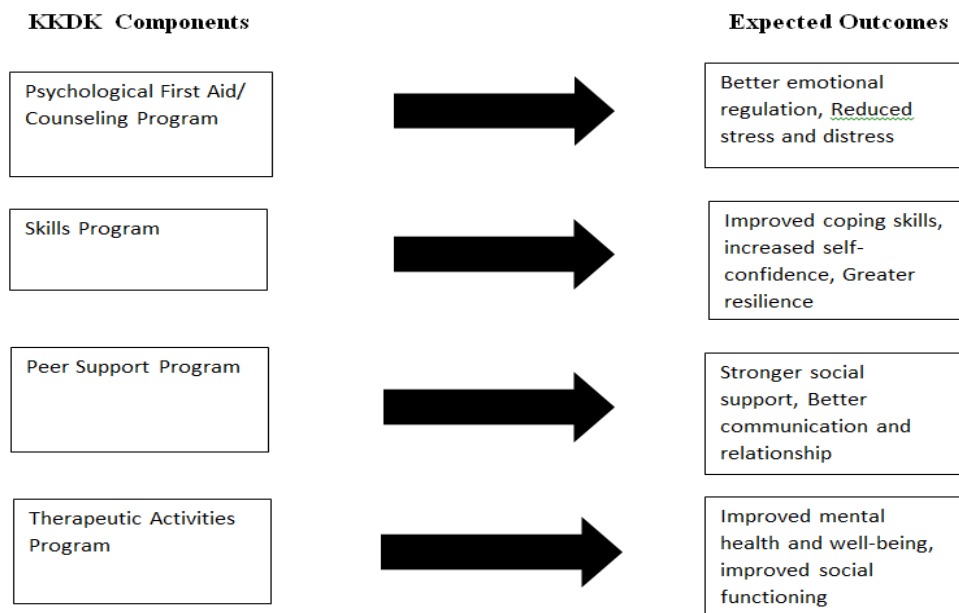
2.5 Length of participation in KKDK Program

2.6 Educational attainment

2.7 Participation to other rehabilitation programs

3. What are the possible suggestions to enhance the KKDK program implementation in jail settings?

Conceptual Framework



RESEARCH METHODOLOGY

Research Design

The study utilized the descriptive-evaluative research design. Descriptive research design is a method used to systematically describe the characteristics, conditions, perceptions, and behaviors of a particular population or phenomenon being studied. It aims to present an accurate profile of persons, events or situations through collection of quantitative data. On the other hand, evaluative research design focuses on assessing the effectiveness or quality of the programs based on established criteria or standards. This design is appropriate in determining how well a certain program is being implemented and perceived by the respondents.

The study aimed to use a quantitative research design, which focused on the objective measurement of data using statistical analysis of numerical data. This design is appropriate since it enables the identification of patterns, associations, and trends within a larger population, thus being a generalizable.

Respondents

The study utilized a purposive sampling technique in selecting the respondents. Purposive sampling was appropriate because the researcher intentionally selected Persons Deprived of Liberty (PDL) who were directly involved in and finished the Katatagan, Kalusugan Damayan Sa Komunidad (KKDK) program. This technique allow the researcher to obtain relevant and information-rich data from participants who could provide meaningful insights regarding the effectiveness of the program in terms of rehabilitation, behavioral change, and reintegration.

A total of seventy-one (71) respondents participated in the study. The respondents were selected from different jail facilities in Nueva Ecija namely Gapan City Jail Male Dormitory and Female Dormitory, Talavera Municipal Jail, Cabanatuan District Jail Male Dormitory and Female Dormitory, and San Jose City District Jail. The selection of participants was based on specific criteria established by the researcher, such PDL with drug-related

cases and finished the KKDK program. Through this approach, the study gathered reliable and comprehensive information from respondents who possessed firsthand experience relevant to the objective of the research.

The use of purposive sampling enabled the researcher to focus on participants who were most suitable for the study, ensuring the data collected were aligned with the purpose of assessing the effectiveness of the KKDK program. This sampling technique contributed to a more focused and evidenced based analysis of the program's impact on the rehabilitation and reintegration of drug-related PDL in selected jail facilities in Nueva Ecija.

Justification for N=71

A purposive sampling method was utilized to gather data from seventy-one (71) Persons Deprived of Liberty (PDL). This sample size was determined based on specific constraints regarding access to institutionalized populations, participant availability and strict security protocols within the facility. Furthermore, according to methodological guideline for descriptive and case-study research, a sample size within 50-70 participant range is considered sufficient to represent a narrow, homogenous population and reach data saturation. The data gathered from these 71 respondents provide a comprehensive and reliable overview of the lived experienced or assessing the program within jail facility, ensuring both the validity of the findings and the ethical use of resources.

Data Tools and Procedures

The participants of this study included the Persons Deprived of Liberty with drug – related case of the Gapan City Jail- Male and Female Dormitory, Cabanatuan District Jail- Male and Female Dormitory, Talavera Municipal Jail and San Jose City District Jail who are directly involved in the implementation katatagan, kalusugan, damayan sa komunidad program. The said PDL provided insights into their personal experiences, progress and perceived effectiveness of the rehabilitation programs. Each Person Deprived of Liberty (PDL) was given a fifteen (15) minutes to answer the questionnaire after the researcher explain the instructions and the informed consent.

Participants in this study were selected from among Persons Deprived of Liberty (PDL) who had completed the (KKDK) program with in six (6) BJMP jail facility in Nueva Ecija. The selection was conducted in coordination to Chief, Welfare and Development officer, which provide the list of eligible PDL who met the inclusion criteria. Prior to recruitment, the study received ethical clearance from CEU-IERB and informed consent was obtained from all the participants. Participations was entirely voluntary and all respondents were assured of the confidentiality of their responses.

Persons Deprived of Liberty (PDL) currently incarcerated in the identified BJMP jail facility, with drug related cases as specified in official jail records or carpeta. PDL who have completed the KKDK program and should be aged 18 years old and above. PDL who are able to read and understand Filipino or English to answer the questionnaire/interview and voluntarily consent to participate in the study.

Reliability of the Questionnaire

A pilot study was conducted to determine the internal consistency reliability of the research instrument prior to the main data gathering of the researcher. The pilot test involved thirty (30) PDL respondents from two (2) BJMP jail facility in Bulacan province who possessed characteristics similar to the target respondents. The reliability of the instrument was assessed using Cronbach's alpha coefficient. The analysis yielded a Cronbach's alpha value of 0.79 result. According to commonly accepted values of 0.70 and above indicate acceptable reliability.

Data Analysis

The data collected in this study were subjected to both descriptive and inferential statistical analysis to assess the effectiveness of the (KKDK) program among Persons Deprived of Liberty (PDL) with drug related cases.

1. Descriptive Statistics

Descriptive Statistics such as frequencies, percentages, means and standard deviation were used to summarize the demographic profile of the respondents such as age, sex, civil status, educational attainment and length of confinement in jail.

2. Reliability Analysis

To ensure the internal consistency of the standardized instruments such as psychological well-being scales and resiliency scales, Cronbach’s alpha coefficient was computed. A reliability of 0.70 or higher was considered acceptable.

3. Inferential Statistics

To evaluate the impact of the KKDK program and test the research hypothesis, the following inferential statistical analysis were performed:

Independent Samples T-test was applied to compare KKDK outcomes across two groups: example is male and female PDL.

One-way ANOVA was used for comparison involving more the two demographic groups: example is level of education.

RESULTS AND DISCUSSION

Table 1 Assessment of KKDK Program in Terms of Objectives Per Activities

ACTIVITIES	Mean	S.D.	V.I.
1. Psychological First Aid/ Counseling Program			
1.1 Ang psychological first aid ay nakatulong ng malaki sa akin upang maipahayag ang aking nararamdaman.	4.38	.618	Strongly Agree
1.2 Ang psychological first aid ay nakatulong sa akin upang mapagtanto ko ang aking mga pagkakamali.	4.28	.595	Strongly Agree
2. Skills Program			
2.1 Natutuhan kong makitungo at makipagusap ng mas maayos sa ibang tao at aking pamilya.	4.62	.618	Strongly Agree
2.2 Handa na akong yakapin ang holistikong pamamaraan ng pakikipagkapwa tao upang maging produktibo sa ating komunidad.	4.63	.541	Strongly Agree
3. Peer Support Program			
3.1 Ang mga modules sa KKDK ay sapat upang mapagtanto ko ang sintomas at masamang epekto ng droga sa aking kalusugan at pag-iisip at ang tamang pag iwas sa droga.	4.72	.484	Strongly Agree
3.2 Mas naging maayos at mabuti na ang aking pag-uugali matapos akong mag-aral sa KKDK Program.	4.48	.582	Strongly Agree
4. Therapeutic Activities Program			
4.1 Nakakatulong ang therapeutic activites program upang mas magiging matatag ako	4.37	.591	Strongly

sa pagharap sa mga problema sa buhay.			Agree
4.2 Nakakatulong sa akin ang therapeutic activities program upang makabawas ng stress at lungkot na aking nararamdaman sa aking buhay.	4.59	.523	Strongly Agree

Interpretation

4.21 - 5.0 - Strongly Agree, 3.41 - 4.20 - Agree, 2.61 - 3.40 - Neutral, 1.81 - 2.60 - Disagree,

1.00 -1.80 - Strongly Disagree

Table 1 revealed that all indicators obtained mean score interpreted as “Strongly Agree”, indicating that the respondents perceived the program activities as beneficial in achieving their intended objectives.

Table 2 Assessment of KKDK Program in Terms of Time of Execution Per Activities

ACTIVITIES	Mean	S.D.	V.I
1. Psychological First Aid/ Counseling Program	2.09	.371	Disagree
2. Skills Program	1.84	.555	Disagree
3. Peer Support Program	2.04	.397	Disagree
4. Therapeutic Activities Program	2.06	.376	Disagree

Interpretation

4.21 - 5.0 - Strongly Agree, 3.41 - 4.20 - Agree, 2.61 - 3.40 - Neutral, 1.81 - 2.60 - Disagree

1.00 -1.80 - Strongly Disagree

The results revealed that all activities obtained mean scores verbally interpreted as “Disagree”, indicating that the respondents were not satisfied with the for the implementation of different program activities. This findings imply that the respondents believed the execution time of the activities may have been too short or too long. The low standard deviation values further indicate consistency in the respondents regarding time management of the KKDK Program activities.

The findings of the study regarding the assessment of the KKDK Program in terms of time of execution per activities are supported by previous studies and related theories on program implementation and learning effectiveness. The respondents’ disagreement with the time allocation of the activities indicates the duration and scheduling of the program may not have fully met their learning, emotional, and participation needs. According to the study of Mendoza and Ramirez (2021), insufficient or poorly managed time in rehabilitation programs can negatively affect participants tend to lose focus and motivation when activities are conducted either too quickly or for excessively long periods without proper pacing and breaks.

Table 3 Assessment of KKDK Program in Terms of Budget Per Activities

ACTIVITIES	Mean	S.D.	V.I
1. Psychological First Aid/ Counseling Program	2.44	.554	Disagree
2. Skills Program	2.68	.841	Neutral
3. Peer Support Program	2.99	.686	Neutral
4. Therapeutic Activities Program	2.61	.573	Neutral

Interpretation

4.21 - 5.0 - *Strongly Agree*, 3.41 - 4.20 - *Agree*, 2.61 - 3.40 - *Neutral*, 1.81 - 2.60 - *Disagree*,
 1.00 -1.80 - *Strongly Disagree*

The results revealed varying perceptions of the respondents regarding the adequacy of budget allocated for the implementation of different program activities under the KKDK. The Psychological First Aid/ Counseling Program obtained a mean score of 2.44 (SD= .554), verbally interpreted as “Disagree”, indicating that the respondents believed that the budget allotted for counseling and psychological support activities was insufficient. This suggests that there may be limitations in resources, materials or support services necessary for the effective delivery of the program.

Table 4 Assessment of KKDK Program in Terms of Materials Used Per Activities

ACTIVITIES	Mean	S.D.	V.I.
1. Psychological First Aid/ Counseling Program	2.56	.499	Disagree
2. Skills Program	2.52	.503	Disagree
3. Peer Support Program	3.06	.333	Neutral
4. Therapeutic Activities Program	2.58	.497	Disagree

Interpretation

4.21 - 5.0 - *Strongly Agree*, 3.41 - 4.20 - *Agree*, 2.61 - 3.40 - *Neutral*, 1.81 - 2.60 - *Disagree*
 1.00 -1.80 - *Strongly Disagree*

The table 4 revealed that the Peer Support Program obtained the highest mean score of 3.06 with a standard deviation of 0.333, interpreted as “Neutral”. This indicates that respondents neither strongly agreed nor disagreed regarding the adequacy and effectiveness of the materials used in this activity. The Peer Support Program obtained the highest mean score, interpreted as neutral. This may imply that the materials use in peer- related activities were somewhat acceptable because peer support programs often rely more on interpersonal interaction, communication, and shared experiences rather than heavily structured materials. According to Albert Bandura’s Social Learning Theory, individuals learn behaviors, coping mechanisms, and attitudes through observation and interaction with others. In peer support settings, participants may benefit from modeling and social interaction even when material resources are limited. This could explain why the peer support activity received a relatively higher assessment compared to other activities.

Table 5 Assessment of KKDK Program in Terms of Facility Per Activities

ACTIVITIES	Mean	S.D.	V.I.
1. Psychological First Aid/ Counseling Program	1.82	.487	Disagree
2. Skills Program	2.03	.167	Disagree
3. Peer Support Program	2.07	.258	Disagree
4. Therapeutic Activities Program	2.38	.489	Disagree

Interpretation

4.21 - 5.0 - *Strongly Agree*, 3.41 - 4.20 - *Agree*, 2.61 - 3.40 - *Neutral*, 1.81 - 2.60 - *Disagree*

1.00 -1.80 - *Strongly Disagree*

The finding revealed that all activities were verbally interpreted as “Disagree”, indicating that respondents generally perceived the facilities as inadequate or unsatisfactory for the implementation of the programs. Among the activities, the Therapeutic Activities Program obtained the highest mean score (M = 2.38, SD= 0.489). Overall, the results imply that the facilities available for KKDK Program activities may not adequately support effective program implementation, participant comfort, and engagement, highlighting the need for improvements in physical resources and learning environment.

Table 6 Assessment of KKDK Program in Terms of Facilitator Per Activities

ACTIVITIES	Mean	S.D.	V.I.
1. Psychological First Aid/ Counseling Program	3.68	.555	Agree
2. Skills Program	4.55	.529	Strongly Agree
3. Peer Support Program	4.00	.169	Agree
4. Therapeutic Activities Program	4.01	.207	Agree

Interpretation

4.21 - 5.0 - *Strongly Agree*, 3.41 - 4.20 - *Agree*, 2.61 - 3.40 - *Neutral*, 1.81 - 2.60 - *Disagree*,

1.00 -1.80 - *Strongly Disagree*

The findings indicate that the respondents generally gave positive evaluations to the facilitators across all activities, as reflected by the verbal interpretations ranging from “Agree” to “Strongly Agree” . Among the activities, the Skills Program obtained the highest mean score (M= 4.55, SD= 0.529), interpreted as “Strongly Agree”, suggested that the respondents were satisfied with the competence, effectiveness, and delivery of the facilitators conducting skill-related activities. Overall, the results imply that the facilitators played a significant role in the successful implementation of the KKDK Program activities and were viewed positively by the participants.

Table 7 Assessment of KKDK Program in Terms of Overall Services

	Mean	S.D.	V.I.
1. Ako ay masaya at kumanta dahil sa pantay ang pagbigay ng serbisyo.	4.18	.390	Agree
2. Ang serbisyo ay Akma sa Aking Pangangailangan.	4.23	.421	Strongly Agree
2. Ang mga personnel na nakatalaga sa pagpapatupad ng serbisyo ay may respeto sa aming mga karapatan at may sapat na kaalaman at kakayahan sa pagpapatupad.	4.94	.232	Strongly Agree
4. Sapat at angkop ang oras ng pagpapatupad ng serbisyo.	2.07	.258	Disagree
5. May maayos na lugar at sapat na kagamitan para sa pagpapatupad ng serbisyo.	2.11	.318	Disagree
6.May maayos at malinaw na proseso sa pagpapatupad.	4.06	.232	Agree

Interpretation

4.21 - 5.0 - Strongly Agree, 3.41 - 4.20 - Agree, 2.61 - 3.40 - Neutral, 1.81 - 2.60 - Disagree

1.00 -1.80 - Strongly Disagree

The findings revealed that respondents generally gave positive evaluations to the program services, particularly regarding the quality and appropriateness of service delivery. The highest mean score was obtained by the statement concerning the personnel’s respect for participants’ rights and their knowledge and competence in implementing the services (M= 4.94, SD= 0.232), interpreted as “ Strongly Agree” indicating a high level of satisfaction with professionalism and capability of personnel. Overall, the finding suggest that while the KKDK Program was positively viewed in terms of service, fairness, and personnel competence, improvements are still needed in the areas of facilities, equipment, and scheduling to enhance the overall effectiveness of the program.

Table 8 Suggestions to Enhance the KKDK Program

ACTIVITIES	Mean	S.D.	V.I.
1. Shorten the duration of modules instruction in one day.	4.55	.501	Strongly Agree
2. Provide a more organized, quiet, comfortable and spacious facility.	4.63	.485	Strongly Agree
3. Provide motivating activity such as ice breaker activity to prevent participants feeling sleepy during module instruction.	4.63	.485	Strongly Agree
4. Increase the number of facilitators and personnel supervising the KKDK program.	4.11	.318	Agree

Interpretation

4.21 - 5.0 - Strongly Agree, 3.41 - 4.20 - Agree, 2.61 - 3.40 - Neutral, 1.81 - 2.60 - Disagree

1.00 -1.80 - Strongly Disagree

Table 8 presents the respondents’ suggestions to enhance the KKDK Program and the results indicate strong agreement on most proposed improvements. The highest mean scores were obtained by the suggestions to provide a more organized, quiet, comfortable, and spacious facility (M= 4.63, SD = 0.485).

Table 9 Comparison of the Evaluation of KKDK Program when Respondents are Grouped According to Sex

	Sex	Mean	S.D.	t-value	p-value	Sig
Objectives	Male	4.53	0.530	-.074	P = 0.941 > 0.05	NS
	Female	4.54	0.406			
Time Execution of	Male	2.05	0.410	-.721	P = 0.501 > 0.05	NS
	Female	1.87	0.607			
Budget	Male	4.57	0.552	.845	P = 0.401 > 0.05	NS
	Female	4.45	0.461			
Materials	Male	4.50	0.489	-.441	P = 0.660 > 0.05	NS

	Female	4.55	0.476			
Facility	Male	4.67	0.474	.124	P = 0.902 > 0.05	NS
	Female	4.66	0.410			
Facilitator	Male	4.72	0.409	-.689	P = 0.493 > 0.05	NS
	Female	4.79	0.318			

Since all p-values are greater than 0.05, there are no statistically significant differences between male and female respondents across all assessed areas. This suggests that satisfactions and perceptions levels toward the KKDK program are consistent regardless of the sex of PDL.

The result of this study shows that there no differences between male and female respondents along all six (6) dimensions measured. This indicates a similarity of perceptions and satisfaction regarding the KKDK program, regardless sex differences.

Table 10 Comparison of the Evaluation of KKDK Program when Respondents are Group According to Age

	Age	Mean	S.D.	F-value	p-value	Sig
Objectives	25 and below	4.62	0.452	.668	P = 0.675 > 0.05	NS
	26-30	4.52	0.421			
	31-35	4.40	0.400			
	36-40	4.31	0.401			
	41-45	4.57	0.442			
	46-50	4.69	0.564			
	51 and above	4.46	0.814			
	Total	4.53	0.497			
Time of Execution	25 and below	1.95	0.496	1.494	P = 0.135 > 0.05	NS
	26-30	2.01	0.635			
	31-35	2.00	0.632			
	36-40	2.03	0.483			
	41-45	2.01	0.635			
	46-50	2.07	0.457			
	51 and above	2.05	0.439			
	Total	2.01	0.287			
Budget	25 and below	4.81	0.410	1.789		NS

	26-30	4.37	0.583		P = 0.116 > 0.05	
	31-35	4.39	0.575			
	36-40	4.33	0.395			
	41-45	4.77	0.345			
	46-50	4.64	0.578			
	51 and above	4.29	0.636			
	Total	4.54	0.528			
Materials	25 and below	4.67	0.395	.929	P = 0.480 > 0.05	NS
	26-30	4.33	0.534			
	31-35	4.36	0.556			
	36-40	4.47	0.423			
	41-45	4.71	0.367			
	46-50	4.52	0.592			
	51 and above	4.50	0.408			
	Total	4.51	0.483			
Facility	25 and below	4.72	0.441	1.164	P = 0.337 > 0.05	NS
	26-30	4.65	0.376			
	31-35	4.64	0.476			
	36-40	4.33	0.500			
	41-45	4.79	0.450			
	46-50	4.79	0.426			
	51 and above	4.64	0.556			
	Total	4.67	0.455			
Facilitator	25 and below	4.81	0.410	1.789	P = 0.116 > 0.05	NS
	26-30	4.37	0.583			
	31-35	4.39	0.575			
	36-40	4.33	0.395			
	41-45	4.77	0.345			

	46-50	4.64	0.578			
	51 and above	4.29	0.636			
	Total	4.54	0.528			

Analysis of Variance (ANOVA) was used to find out there are significant differences in program evaluation based on the groupings of respondents in KKDK program evaluation based on the groupings of the respondents according to their age. The findings showed that age is not a significant factor in influencing the participants' evaluation in all the assessed dimensions, which are: Objectives, Time of Execution, Budget, Materials, Facility and Facilitator.

The result indicates that there is no significant difference in terms of age on the evaluation of the program. This indicates that the program is well-accepted and effective across all age groups.

Table 11 Comparison of the Evaluation of KKDK Program when Respondents are Grouped According to Civil Status

		Mean	S.D.	F-value	p-value	Sig
Objectives	Single	4.54	0.408	.367	P = 0.694 > 0.05	NS
	Married	4.49	0.638			
	Separated/Widowed	4.73	0.231			
	Total	4.53	0.497			
Time of Execution	Single	2.08	0.439	.425	P = 0.546 > 0.05	NS
	Married	2.07	0.457			
	Separated/Widowed	1.87	0.607			
	Total	2.00	0.501			
Budget	Single	4.54	0.491	.123	P = 0.884 > 0.05	NS
	Married	4.51	0.610			
	Separated/Widowed	4.67	0.382			
	Total	4.54	0.528			
Materials	Single	4.52	0.470	.206	P = 0.814 > 0.05	NS
	Married	4.48	0.524			
	Separated/Widowed	4.67	0.382			
	Total	4.51	0.483			
Facility	Single	4.69	0.413	1.182	P = 0.313 > 0.05	NS
	Married	4.60	0.530			

	Separated/Widowed	5.00	0.000			
	Total	4.67	0.455			
Facilitator	Single	4.54	0.408	.367	P = 0.694 > 0.05	NS
	Married	4.49	0.638			
	Separated/Widowed	4.73	0.231			
	Total	4.53	0.497			

An analysis of variance (ANOVA) was conducted to determine whether there were significant differences in respondents' assessments of the program components when grouped according to civil status (Single, Married and Separated/Widowed). Based on the findings, that there is no significant difference in the respondents' assessments of the program components when grouped according to the civil status of PDL. This indicates that the civil status does not significantly influence respondents' perceptions of the KKDK program. Respondents also share comparable evaluations of the program regardless of their civil status.

Table 12 Comparison of the Evaluation of KKDK Program when Respondents are Grouped According to Highest Educational Attainment

		Mean	S.D.	F-value	p-value	Sig
Objectives	Elem. Grad.	4.58	0.561	.155	P = 0.857 > 0.05	NS
	High School Grad	4.51	0.478			
	College Grad.	4.49	0.452			
	Total	4.53	0.497			
Time of Execution	Elem. Grad.	2.05	0.439	.696	P = 0.452 > 0.05	NS
	High School Grad	2.07	0.457			
	College Grad.	2.00	0.635			
	Total	2.04	0.510			
Budget	Elem. Grad.	4.60	0.541	1.789	P = 0.175 > 0.05	NS
	High School Grad	4.42	0.560			
	College Grad.	4.71	0.351			
	Total	4.54	0.528			
Materials	Elem. Grad.	4.54	0.476	1.315	P = 0.275 > 0.05	NS
	High School Grad	4.43	0.509			
	College Grad.	4.67	0.400			
	Total	4.51	0.483			

Facility	Elem. Grad.	4.65	0.500	.741	P = 0.481 > 0.05	NS
	High School Grad	4.63	0.449			
	College Grad.	4.81	0.384			
	Total	4.67	0.455			
Facilitator	Elem. Grad.	4.60	0.541	1.789	P = 0.175 > 0.05	NS
	High School Grad	4.42	0.560			
	College Grad.	4.71	0.351			
	Total	4.54	0.528			

The analysis of variance (ANOVA) results indicate that there are no statistically significant differences in respondents' assessments of the program when grouped according to educational attainment (elementary graduate, high school graduate, and college graduate). Based on the findings, all computed p-values were above the 0.05 level of significance. This means that the educational attainment does not significantly affect how respondents view the program in objectives, budget, materials, facility and facilitator. However, in the time of execution the respondents gave lower score but still no significant difference noted. The consistently high mean scores across all groups suggests that the program receives positive evaluations, regardless of the respondents' educational background.

Table 13 Comparison of the Evaluation of KDKK Program when Respondents are Grouped According to their Participation in Other Rehabilitation Programs Aside from KKDK

	Participated in other rehabilitation programs aside from KKDK	Mean	S.D.	t-value	p-value	Sig
Objectives	Yes	4.25	0.441	-2.996	P = 0.004 < 0.05	S
	No	4.63	0.481			
Time of Execution	Yes	2.07	0.457	-3.169	P = 0.001 < 0.05	S
	No	2.08	0.439			
Budget	Yes	4.24	0.562	-3.041	P = 0.003 < 0.05	S
	No	4.64	0.476			
Materials	Yes	4.11	0.516	-4.941	P = 0.000 < 0.05	S
	No	4.66	0.377			
Facility	Yes	4.25	0.441	-2.996	P = 0.004 < 0.05	S
	No	4.63	0.481			
Facilitator	Yes	4.56	0.510	-2.396	P = 0.019 < 0.05	S
	No	4.80	0.311			

Note: n=71

The independent samples t-test was used to establish whether there is a significant difference in the evaluation of the program based on the groupings of respondents according to their participation in other rehabilitation programs other than KKDK. The findings indicate that there are significant differences in all of the assessed dimensions. The results show that involvement in other rehabilitation programs has a significant effect on the respondents' perceptions of KKDK program on the dimensions. The respondents who did not involve themselves in other programs gave higher ratings.

Table 14 Comparison of the Evaluation of KKDK Program when Respondents are Grouped According to Length of Stay in Jail

		Mean	S.D.	F-value	p-value	Sig
Objectives	Below 1 year	4.62	0.501	.975	P = 0.410 > 0.05	NS
	1-2 years	4.47	0.516			
	2-3 years	4.44	0.446			
	3 years and above	4.90	0.141			
	Total	4.53	0.497			
Time Execution of	Below 1 year	2.05	0.439	.955	P = 0.331 > 0.05	NS
	1-2 years	2.07	0.457			
	2-3 years	2.01	0.635			
	3 years and above	2.00	0.540			
	Total	2.03	0.386			
Budget	Below 1 year	4.68	0.487	1.044	P = 0.379 > 0.05	NS
	1-2 years	4.45	0.578			
	2-3 years	4.43	0.448			
	3 years and above	4.63	0.530			
	Total	4.54	0.528			
Materials	Below 1 year	4.67	0.472	1.456	P = 0.235 > 0.05	NS
	1-2 years	4.42	0.499			
	2-3 years	4.45	0.445			
	3 years and above	4.38	0.177			
	Total	4.51	0.483			
Facility	Below 1 year	4.76	0.385	1.180	P = 0.324 > 0.05	NS
	1-2 years	4.67	0.479			

	2-3 years	4.46	0.522			
	3 years and above	4.75	0.354			
	Total	4.67	0.455			
Facilitator	Below 1 year	4.68	0.487	1.044	P = 0.379 > 0.05	NS
	1-2 years	4.45	0.578			
	2-3 years	4.43	0.448			
	3 years and above	4.63	0.530			
	Total	4.54	0.528			

Analysis of Variance (ANOVA) was used to find out if there is significant effect of the respondents' length of stay on their evaluation of the program regarding Objectives, Time of Execution, Budget, Materials, Facility and Facilitator. The findings showed that there is no significant effect on the length of stay on the respondents' evaluation of the program on all aspects.

The research findings reveal that the duration of jail time for respondents have no significant differences in their assessment of the KKDK program based on all evaluation criteria. The ANOVA results consistently yielded p-values greater than 0.05 which demonstrated that the evaluation differences between groups with different lengths of incarceration did not reach statistical significance.

Table 15 Comparison of the Evaluation of KKDK Program when Respondents are Grouped According to Length of Participation in KKDK Program

	Length of Participation	Mean	S.D.	T-value	p-value	Sig
Objectives	4 months	4.19	0.560	-3.807	P = 0.000 < 0.05	S
	6 months	4.65	0.412			
Time of Execution	4 months	2.01	0.512	-2.114	P = 0.000 < 0.05	S
	6 months	2.07	0.305			
Budget	4 months	4.03	0.571	-4.943	P = 0.000 < 0.05	S
	6 months	4.72	0.369			
Materials	4 months	4.05	0.497	-5.035	P = 0.000 < 0.05	S
	6 months	4.68	0.355			
Facility	4 months	4.03	0.571	-4.943	P = 0.000 < 0.05	S
	6 months	4.72	0.369			
Facilitator	4 months	4.19	0.560	-3.807	P = 0.000 < 0.05	S
	6 months	4.65	0.412			

An independent samples t-test was used to establish whether there are any significant differences in the program evaluation among respondents categorized based on the length of participation in KKDK program (4 months vs 6 months). The findings show that the length of participation has a significant influence on various program evaluation dimensions, specifically Objectives, Time of Execution, Budget, Materials, Facility and Facilitator.

The t-test results show that how long someone stay in the KKDK program really affects their views on a lot of parts of it. Like objectives, the people running it, the activities attain the objectives, and then also other dimensions. Respondents who participated for six (6) months gave way higher scores than the ones who only did for four (4) months.

Thematic Analysis of Open-Ended Suggestions

A. Appropriate Timing Execution of Activities

A recurring theme in the responses was the need to improve the scheduling and duration of KKDK Program component activities. Several participants suggested conducting counseling sessions and program activities at times that do not conflict with visitation schedules of PDL. Respondents also expressed the need for more frequent session than one session only in a week with longer hours of module discussion. *“Sana ay bawasan ang oras ng module discussion sa isang araw dahil minsan kami ay inaantok na din”* as verbalized of one respondent.

B. Increased Budget and Program Support

Participants also highlighted the importance of sufficient financial resources for the successful implementation of the KKDK Program. Respondents suggested increasing the budget in counseling materials, learning resources, and incentives that could encourage participation. Some participants noted that additional funding would enable the program to offer more comprehensive and meaningful interventions.

C. Improvement of KKDK Program Facilities

Another significant theme focused on the need to improve the physical environment and facilities used for counseling services. Participants emphasized the importance of having a comfortable, private and conducive space for counseling sessions. They also recommend upgrading available materials and venues used for group activities in therapeutic activity sessions.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Based on the findings of the study, it can be concluded the following:

1. The participants positively perceived the different program activities, particularly the Peer Support, Skills Development, and Counseling components, as beneficial in supporting their rehabilitation and personal growth.
2. The facilitators and personnel were also viewed as competent and respectful in delivering the program services. However, the facilitator's qualification in conducting counseling session is insufficient.
3. The study identified concerns regarding time management, adequacy of facilities, instructional materials, and budget allocation, indicating the need for further enhancement of the program.
4. Demographic variables such as sex, age, civil status, educational attainment, and length of stay in jail did not significantly affect the respondents evaluation of the program, while participation in other rehabilitation program and longer involvement in KKDK significantly influenced their perceptions.
5. Limited budget, resources was identified due to inadequate materials was used by the PDL causing delay of some activities. In some jails, facilities/ venue is not conducive for learning due to limited space and noise.

Recommendations

Based from the finding arrived at and the conclusions drawn, the following recommendations were offered:

1. Encourage focused participation of PDL in KKDK program. It is also recommended that the program integration should be planned so that the participants will not be experiencing ‘program-fatigued’. The duration of KKDK program participation may be extended to at least six (6) months where it is possible.
2. It is recommended that the facilitator in counseling session maybe a Registered Guidance Counselor or Registered Psychologist. This is in compliance with Republic Act (9258), the guidance and counseling act and RA 10029 the psychology act.
3. In order to increase the efficacy of the KKDK program, it is suggested to include fun activities like icebreakers, group discussions, and role plays to decrease the boredom and keep the participants’ interest alive.
4. It is recommended to make the facilities more conducive by providing proper ventilation, comfortable temperature, reduced noise and a neat and tidy places that encourages learning.
5. Time duration of module discussion can be modified by making sessions shorter and spreading them across several days.
6. It is also suggested that the Bureau may increase allocation of the budget of the KKDK Program to provide more materials needed in each of the activities.
7. That this study needs follow-up research utilizing the PDL as the subject. This is to prove if the implementation of the KKDK Program over a period of time is truly reflective of the changes in the PDL psychological well-being, behavior, and reintegration preparation.
8. It is recommended that other researchers are encouraged to conduct similar topics for this purpose. This will further determine the other variables that can truly strengthen and identify the gaps that may help correctional administrators and rehabilitation practitioners improved evidenced-based rehabilitation programs.
9. It is recommended that conduct a pilot test of enhanced program components before the full implementation of the enhanced KKDK program.
10. To the future researchers, it is suggested to conduct a follow-up assessment of the enhanced program to measure long-term recidivism reduction.

Limitations

One limitation of this study is that the respondents were limited to Persons Deprived of Liberty (PDL) from jail facilities within Nueva Ecija province, which may restrict the generalizability of the findings to PDL populations in other provinces or correctional institutions with different programs, resources and operational conditions. Furthermore, only PDL who had successfully completed the KKDK Program were included in the study. As a result, the perspectives of individuals who withdrew participation in KKDK Program or unable to complete the program were not represented.

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